

STATE OF DELAWARE Department of Natural Resources and Environmental Control Application for a 112(j) MACT Determination			AQM - J Part 1
1. <u>Name of plant or establishment</u>		<u>Date of application</u>	For Section Use Only <u>I.D. Number</u>
2. <u>Mailing address (Street or P.O. Box)</u>	<u>City</u>	<u>State</u>	<u>Date Received</u>
3. <u>Physical location of source (Street)</u>	<u>City</u>	<u>County</u>	
4. <u>Identify any relevant source categories under Section 112(c) of the Clean Air Act</u> 			
5. <u>Briefly describe major activities at the existing or planned affected 112(j) source</u> 			
6. <u>Identify each of the emission sources at the existing or planned affected 112(j) source</u> 			
<p style="text-align: center;">If additional space is required, complete on blank page and attach</p>			
7. <u>Has an application been previously made for a case-by-case MACT determination under Section 112(g) according to Sections 63.40 through 44?</u> <div style="text-align: center;"> Yes _____ No _____ </div>			
<div style="text-align: center;"> _____ Name of Owner or Authorized Agent </div>			
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STATE OF DELAWARE Department of Natural Resources and Environmental Control Application for a 112(j) MACT Determination			AQM - J Part 2	
1. <u>Name of plant or establishment</u>		<u>Date of application</u>		For Section Use Only
2. <u>Physical location of source (Street)</u>		<u>City</u>		<u>I.D. Number</u>
3. <u>If constructing, reconstructing or modifying, provide following dates</u>				<u>Date Received</u>
<u>Estimated commencement date</u>		<u>Estimated completion date</u>		<u>Estimated start up date</u>
4. <u>HAPs emission rates</u>				
		<u>Annual emission rate</u> (At maximum capacity)		
<u>HAPs emitted</u>		<u>Uncontrolled</u>	<u>With controls</u>	
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
If additional space is required, complete on blank page and attach				
5. <u>HAPs emission rates</u>				
		<u>Annual emission rate</u> (At expected utilization)		
<u>HAPs emitted</u>		<u>Uncontrolled</u>	<u>With controls</u>	
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
		Tons/year		Tons/year
If additional space is required, complete on blank page and attach				
6. <u>List any applicable Federal, State or Local limitations or requirements</u>				
If additional space is required, complete on blank page and attach				
Part 2 MACT Application Page 1 of 2				

Part 2

8. Describe the current control technology in use for each emission source within the affected 112(j) source category

Manufacturer

- Identify other similar facilities in the applicable 112(j) source category
- Identify other similar facilities in other source categories
- Identify, if known, the capacity of these similar sources
- Identify, if known, the control technology in use for the emission sources at these similar sources
- Identify, if known, the HAPs emitted at these similar sources
- Identify, if known, the controlled and uncontrolled HAPs emissions at these similar sources
- Identify, if appropriate, any trade association that is developing industry-wide recommendations for MACT floor determinations and MACT requirements

Typed or Printed Name of Signatory

STATE OF DELAWARE Department of Natural Resources and Environmental Control Application for a 112(j) MACT Determination		AQM - J Part 3	
1. <u>Name of plant or establishment</u>		<u>Date of application</u>	
		For Section Use Only	
2. <u>Physical location of source (Street)</u>		<u>City</u>	
		<u>I.D. Number</u>	
		<u>Date Received</u>	
3. <u>Recommendations for the MACT floor</u>			
a. <u>EXISTING 112(j) sources (1)</u>		b. <u>NEW 112(j) sources (1)</u>	
_____	Pounds/Hour	_____	Pounds/Hour
_____	Pounds/Cubic foot	_____	Pounds/Cubic foot
_____	Pounds/Unit production	_____	Pounds/Unit production
_____	Percent Reduction	_____	Percent Reduction
<p align="center"><i>(1) Select those criteria that are appropriate</i></p>			
c. If an emission limitation is not feasible, attach the recommended equipment, design, operational and/or work practices standards			
4. <u>Recommendation for the EXISTING source MACT requirement</u>			
a. Equivalent emission limitation for EXISTING affected 112(j) sources (1)		_____	Pounds/Hour
		_____	Pounds/Cubic foot
		_____	Pounds/Unit production
		_____	Percent Reduction
<p align="center"><i>(1) Select those criteria that are appropriate</i></p>			
b. If an equivalent emission limitation is not feasible, attach the recommended equipment, design, operational and/or work practices standards			
5. <u>Recommendation for the NEW source MACT requirement</u>			
a. Equivalent emission limitation for NEW affected 112(j) sources (1)		_____	Pounds/Hour
		_____	Pounds/Cubic foot
		_____	Pounds/Unit production
		_____	Percent Reduction
<p align="center"><i>(1) Select those criteria that are appropriate</i></p>			
b. If an equivalent emission limitation is not feasible, attach the recommended equipment, design, operational and/or work practices standards			
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6. Proposed control technology to meet EXISTING source
MACT requirements for each emission source

<u>Emission source</u>	<u>Control technology</u>	<u>Manufacturer</u>

7. Proposed control technology to meet NEW source
MACT requirements for each emission source

<u>Emission source</u>	<u>Control technology</u>	<u>Manufacturer</u>

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8. <u>Proposed monitoring strategy to demonstrate continuous compliance with MACT requirements</u>		
<u>Emission source</u>	<u>Parameters to be monitored</u>	<u>Monitoring Frequency</u>
9. Identify any emission, production, operational or maintenance limitations and any <u>special procedures being incorporated into the existing or new source MACT requirements</u>		
10. Attach documentation supporting the proposed MACT floor and MACT requirements, including alternative control technologies considered and the analyses of cost and non-air quality health, environmental and energy impacts		
11. I certify, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.		
By : _____		Title : _____
_____		Date : _____
Typed or Printed Name of Signatory		
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